



PATENT

AF/14
3600
#8
12/19/02
TS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: LIPPERT

In re Application of:)
ROLAND LIPPERT et al.) Examiner: R. Siconolfi
Appl. No.: 09/719,759 ✓)
Filed: December 14, 2000 ✓) Group Art Unit: 3683
For: MULTIPLE-ROW RADIAL BEARING)

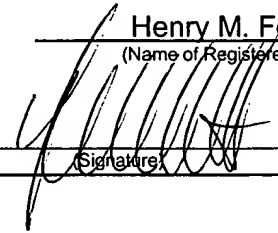
NOTICE OF APPEAL TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES

RECEIVED

DEC 06 2002

GROUP 3600

Commissioner for Patents
Washington, D.C. 20231

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on November 29, 2002.	
(Date)	
Henry M. Feiereisen	
(Name of Registered Representative)	
	11/29/2002
(Signature)	(Date of Signature)

SIR:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated August 28, 2002 of the Examiner finally rejecting claims 6, 9, 10 and 12-24.

12/05/2002 AOSMAN1 00000021 09719759

01 FC:1401

320.00 OP



The items checked below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of

☒ other than small entity

☐ small entity

Verified Statement

☐ attached

☐ already filed on _____

2. FEE FOR FILING NOTICE OF APPEAL

Persuant to 37 C.F.R. 1.17(e) the fee for filing the Notice of Appeal is

☐ small entity \$160.00

☒ other than a small entity \$320.00

Notice of Appeal Fee due \$320.00

3. EXTENSION OF TERM

a. ☐ The Commissioner is hereby petitioned to extend the period for response to above-referenced Official Action by _____ months until _____. Accompanying this amendment is the appropriate fee of \$ _____ pursuant to 37 C.F.R. §1.17(c) and 37 C.F.R. §1.136(a).

b. ☐ Request for Extension of Time was filed on _____ together with a Request for Reconsideration, and the appropriate fee of \$ _____ was paid.

4. TOTAL FEE DUE

The total fee due is

Notice of Appeal fee \$320.00

Extension fee (if any) \$ _____

TOTAL FEE DUE \$320.00

5. FEE PAYMENT

☒ Attached is a check in the sum of \$320.00.

☐ Please charge the fee to Deposit Account No.06-0502.

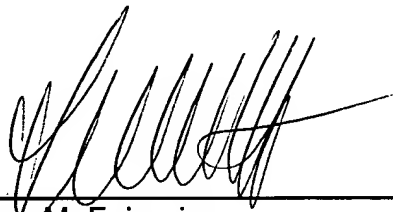
6. FEE DEFICIENCY

- (X) The Commissioner is hereby authorized to charge payment of any additional fees which may be required with this communication, or credit any overpayment to Deposit Account No. 06-0502. Two copies of this sheet are provided for this purpose.



Respectfully submitted,

By: _____


Henry M. Feiereisen
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Agent for Applicant

Date: November 29, 2002
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